

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

AUG 8 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26151b

State File No.

Registration District No. 784

Primary Registration District No. 109

Registrar's No. 7439

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2030 Alameda Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Lillian French Poertner

3. (b) If veteran,
name war _____

3. (c) Social Security
No. None

4. Sex Female

5. Color or
race White

6. (a) Single, widowed, married,
divorced Widow

6. (b) Name of husband or wife
Louis Anthony Poertner

6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased August 6, 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days -
If less than one day
_____ hr. _____ min.

9. Birthplace Louisiana, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Station Agent

11. Industry or business Mo. Pac. R. R. Co.,

12. Name Charles French

13. Birthplace ?
(City, town, or county) (State or foreign country)

14. Maiden name Mathilda Cavander

15. Birthplace ?
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dan Dunbar

(b) Address 2030 Alameda Ave.

17. (a) Burial (b) Date thereof 7/8/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Pickers

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) JUL 8 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 5-
(d) Street No. 7403 Commonwealth Ave
(If rural, give location) 3
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1941 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from
June 30, 1941 to July 6, 1941
that I last saw her alive on July 6, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Thrombosis

Due to Arterio Sclerosis

Due to _____

Other conditions 94A
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? [Signature] (Specify type of place) (Means of injury)

23. Signature [Signature] (M. D. or brother) 0
Address 3604 Washington Blvd. Date signed 7/7/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 6 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1994

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.